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NORTH WALSHAM URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

including the report of the

PUBLIC HEALTH INSPECTOR

for the

YEAR 1963

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NORTH WALSHAM URBAN DISTRICT COUNCIL

Council Offices,  
New Road,  
North Walsham,  
Norfolk.

To: The Chairman and Members of the  
Urban District Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1963. The Registrar General estimates the mid-year population as 5,050 compared with 5,000 last year. There were 65 live births and 77 deaths, giving a natural decrease of 12. There was therefore a small movement of people into the District.

Cardio-vascular disease and cancer were again the principal causes of death. This year there are in the Report, tables showing for the last six years the number of deaths due to coronary artery disease, which is a form of cardio-vascular disease, and for cancer of the lung compared with other forms of cancer.

It is sometimes said that for the present generation the doctor has taken the place of the priest. I personally think that this attitude where it exists, is a very short sighted one, and many doctors would agree that to neglect the spiritual side of his nature is to treat only part of the man.

Whatever one may think about this it is an interesting reflection that the medical profession is the modern advocate of moderate, even frugal living. To some extent it has always warned against excess, but recent research work has shown how dangerous indulgence can be. As is now well known, it has set its face against excessive cigarette smoking and shown that bronchitis as well as cancer of the lung is frequently caused or aggravated by smoking. It is becoming well known that obesity is dangerous and that overweight people should diet. It would be untrue as well as unkind to suggest that all stout people are gluttons - heredity has much to do with build, but it is true to say that the only way to reduce is to eat less, particularly of sugar.

Sugar is fast becoming incriminated as an enemy of civilization - causing excessive weight, bad teeth, and now it has been reliably suggested, coronary thrombosis. One of Britain's leading experts on nutrition said recently that in a series of cases of coronary thrombosis he had investigated, all ate more than the average amount of sugar, which he felt was much more dangerous in the diet than animal fat. The condemnation of animal fat which has been made in the past few years may have been overdone. In any case, margarine, one research worker has shown recently, is not safer than butter, because hydrogenation of the vegetable oils in margarine produces the same saturated fatty acids as occur in butter.

Too much riding in vehicles is also bad, unless regular physical exercise is taken in some other way. If it is not otherwise obtained then it is far better to



walk to work than to ride there. Exercise improves the blood supply of the heart itself.

One of the dangers of the trend mentioned, of attributing too much to the doctor, is to put more faith in the bottle of medicine he prescribed than in the advice he gives about healthy living. From there it is but another step to trust in any bottle of medicine, as patent manufacturers have been quick to realise. There are many advertisements claiming wonderful results in the treatment and prevention of illness for their products, such as that for an expensive proprietary drink which, containing citric acid, carbonated water and glucose, is no better than a lump of sugar in a glass of water. What convalescents require is supplementary protein, not sugary foods however easily the latter are ingested.

Food hygiene is a nice "antiseptic" expression but too often it has little relation to everyday life in this country. Those who prepare or distribute food for others should, of course, be particularly careful, but we are all food handlers even if it is only our own food which we handle, and we can easily infect it if we are not careful, and become victims to an annoying illness which may keep us away from work for a long period, and render us a danger to other people. If all hands were washed before meals or before handling other people's food, and after every visit to the lavatory, there would be very few of the present recurring outbreaks of dysentery and "salmonella" food poisoning. In the United States of America, which I visited recently, there are ample opportunities for handwashing in every public lavatory - including soap in liquid or powder form and paper towels or hot air drying machines. As far as I could make out every American washes his hands after every visit, but it has been estimated that under 50% of the British population do so.

One can understand local authorities not wishing to provide such facilities knowing that in a very short time they may well be wrecked in the present wave of vandalism. Their attitude is particularly understandable in holiday areas where the majority of users will not be local people. The fact remains, however, that in America where these facilities are provided freely, there is no vandalism.

It is perhaps not widely realised that a great many of us carry in our noses germs which can cause another type of food poisoning - staphylococcal. Fingers can easily carry germs from the nose to food if they are not first washed with soap and water.

Sewage pollution of the Broads has gone on for a long time and although people bathe in the water, and sometimes even use it for cooking or washing cooking utensils, we have been spared any large outbreaks of illness which can be definitely proved to have been caused by the water. Local doctors however have told me that they have had cases of upper respiratory infection which they feel were caused by bathing in the Broads or rivers linking them, and of course there may have been cases of illness in people on holiday here but in whom the symptoms did not arise until they reached home.

Two factors have recently increased the danger to health from sewage pollution. One is the great increase in the number of hire boats on the water throughout the holiday season, and the other is the reappearance of the typhoid



bacillus in epidemic form. Never completely stamped out it has not until recently caused a large outbreak in this country. Now however, with a considerable number of cases, there must be a proportion who remain carriers after recovery, and possibly a greater number who are symptomless excretors.

The more boats there are, the more people are on the water, and the greater the risk that some may be carriers of typhoid. Nearly all the boats have flush toilets and all the waste goes into the water which is only partially tidal, and certainly less saline than the sea. These facts are important because it has been shown that sewage contaminated bathing beaches are not dangerous to health, although they may well be unaesthetic and very undesirable. The situation with fresh, non-tidal water, however, is very different and there have been numerous examples in recent years of people getting typhoid by dabbling about in infected streams. Another factor is that experiments have shown that it is not possible to drink more than about half an ounce of sea water, while much more non saline water can be drunk.

With all this in mind it seemed very necessary to do something about the problem, and in October 1962 a representative committee of the Local Authorities and River Boards concerned appointed a technical sub-committee to see what could be done. Included on the technical sub-committee were the Senior Public Health Inspector, and the Surveyor of Blofield and Flegg Rural District Council, the Surveyor and Senior Public Health Inspector of Smallburgh R.D.C., and myself as Medical Officer of Health to the two authorities. Our report which was prepared after a number of meetings and visits during 1963 is still being considered by the Authorities concerned.

Death on the Broads from drowning is more than a potential danger, it is an annual tragedy, which has been commented on in previous Annual Reports. In 1963 a committee of District Medical Officers of Health of which I was the Secretary, met representatives of the Boat Hirers and the latter agreed to prepare and distribute to all their hire fleets a poster illustrating the expired air method of artificial respiration which had been selected by the Medical Officers of Health. This was a very useful step and copies of that poster have also been exhibited in various parts of the area. A more representative Local Water Safety Committee was formed in 1964 and its activities will be reported on in the next Annual Report.

Immunisation against disease is a function of the County Council and I carry out this work in Area No. 1 in my capacity as School Medical Officer and Assistant County Medical Officer with the part time help of Dr. Rosemarie Lincoln and Dr. J. B. Benwell. I should like to draw particular attention to vaccination against tuberculosis, or B.C.G. Vaccination. This has now been carried out in Norfolk for ten years and elsewhere for a much longer period, but we are still not getting a very satisfactory response from parents when they are offered this vaccination for children aged 13 years and over. This is unfortunate, as the vaccination is both safe and effective and is still required under present conditions. Tuberculosis has not yet been defeated, and while modern methods of treatment have rendered it a much less serious condition it can still be considered a nuisance and many thousand new cases are notified each year in England and Wales. Before vaccination is performed

a test is carried out to see whether it is required and no child receives vaccination unless it is negative. Protection against tuberculosis is particularly necessary during adolescence, as this is the period when the risk of tuberculosis is greatest.

I wish to record my thanks to the Members of the Council for their support and encouragement and to the Clerk, and Surveyor and Public Health Inspector, and clerical staff for their assistance and readiness to co-operate in matters of Public Health.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

G. R. HOLTBY.

Medical Officer of Health.

September 1964.

## SECTION 'A'

### NATURAL AND SOCIAL CONDITIONS

AREA - (in acres) 4,256. The District consists of the town of North Walsham with a surrounding district entirely rural in character. The main industries in the town are a Canning Factory, Light Engineering Works, Plastic Factory and a Laundry. The town is probably one of the most conveniently situated Market Towns in Norfolk and by virtue of its fine position it is extremely healthy. Subsoil is of sand and gravel and the town receives the bracing air from the sea, which is also close at hand.

POPULATION. The Registrar General has estimated the population for mid-year 1963 to be 5,050.

NUMBER OF INHABITED HOUSES. According to the Rate Book, the number of inhabited houses in the District is 1890, the rateable value being £164,711. The sum represented by a penny rate is £637.



# SUMMARY OF VITAL STATISTICS.

Area in acres	4,256
Population (Registrar General's mid-year estimate)	5,050
No. of Inhabited Houses according to the Rate Book	1,890
Rateable value of all premises	164,711
Sum represented by a penny rate	637

	<u>North Walsham U.D.C.</u>	<u>England and Wales</u>
Live births	65	
Live birth rate per 1,000 population	12.9	18.2
Illegitimate live births per cent of total live births	6.2	
Still births	1	
Still birth rate per 1,000 live and still births	15.2	17.3
Total live and still births	66	
Infant deaths	3	
Infant Mortality rate per 1,000 live births - total	46.0	20.9
Infant Mortality rate per 1,000 live births - legitimate	30.8	
Infant Mortality rate per 1,000 live births - illegitimate	15.4	
Neo Natal mortality rate per 1,000 live births (first four weeks)	46.0	
Early Neo-Natal mortality rate (deaths under one week per 1,000 total live births)	46.0	
Pre-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)	15.2	
Maternal deaths (including abortion)	NIL	
Maternal mortality rate per 1,000 live and still births.	NIL	



BIRTH RATE, DEATH RATE, and INFANT MORTALITY RATE.

FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1963.

<u>BIRTHS</u>	<u>England &amp; Wales</u>	<u>North Walsham</u> <u>U.D.C.</u>
Live Births (per 1,000 population)	18.2	12.9
Still Births (per 1,000 total births)	17.3	15.2
<u>DEATHS</u>		
Crude Deaths (per 1,000 population)	12.2	13.3
Infant Mortality (per 1,000 live births)	20.9	46.0

Incidence of Infectious Diseases (excluding Tuberculosis) during last five years.

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>
Scarlet Fever	-	7	2	1	7
Measles	6	2	235	2	68
Whooping Cough	-	1	-	19	2
Pneumonia	-	-	-	-	1
Infective Jaundice	-	7	1	-	1
Erysipelas	-	-	-	-	-
Dysentery (Sonne)	-	-	-	-	1
Food Poisoning	2	-	-	-	-
Puerperal Pyrexia	-	-	1	1	-
Poliomyelitis (Paralytic)	-	-	-	-	-
Poliomyelitis (Non-Paralytic)	-	-	-	-	-
Paratyphoid Fever	-	1	-	-	-
Acute Encephalitis	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	1	-
TOTALS	8	18	239	24	80

# INDIVIDUAL CAUSES OF DEATH.

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
1. Tuberculosis - respiratory	-	-	-
2. Tuberculosis - other	-	1	1
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infection and parasitic diseases	-	-	-
10. Malignant neoplasm of stomach	1	1	2
11. Malignant neoplasm of Lungs and Bronchus	4	1	5
12. Malignant neoplasm of breast	-	1	1
13. Malignant neoplasm of uterus	-	1	1
14. Other malignant and lyophatic neoplasms	6	3	9
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	4	7	11
18. Coronary disease - angina	7	4	11
19. Hypertension with heart disease	-	-	-
20. Other heart diseases	5	5	10
21. Other circulatory diseases	2	4	6
22. Influenza	-	-	-
23. Pneumonia	1	1	2
24. Bronchitis	3	-	3
25. Other diseases of respiratory system	-	1	1
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth and abortion	-	-	-
31. Congenital malformation	-	1	1
32. Other defined and ill-defined diseases	5	6	11
33. Motor vehicle accidents	-	-	-
34. All other accidents	-	-	-
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
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All causes	40	37	77

DEATHS FROM CANCER & TOTAL DEATHS.

	1958	1959	1960	1961	1962	1963
No. of deaths from Cancer	16	10	12	13	11	18
No. of deaths - all causes	73	76	60	81	60	77
% of total deaths due to Cancer	22.0	13.2	20.0	16.0	18.3	23.4

Cancer Deaths During Last Six Years.

Year	Male			Female		
	Total Deaths	Lung Cancer	Other Cancers	Total Deaths	Lung Cancer	Other Cancers
1963	40	4	7	37	1	6
1962	32	4	6	28	-	1
1961	33	2	3	48	2	6
1960	28	-	3	32	-	9
1959	36	1	2	40	-	7
1958	35	3	6	38	-	7

Deaths from Coronary Disease - Angina

Year	1958	1959	1960	1961	1962	1963
No. of deaths from Coronary Disease.	11	18	6	13	7	11
No. of deaths - all causes.	73	76	60	81	60	77
% of total deaths due to Coronary disease.	15.0	23.7	10.0	16.0	11.6	14.3

Deaths from Coronary Disease during last 6 years

Year	Male		Female	
	Total Deaths	Coronary - Angina	Total Deaths	Coronary - Angina
1963	40	7	37	4
1962	32	4	28	3
1961	33	9	48	4
1960	28	5	32	1
1959	36	8	40	10
1958	35	7	38	4



# VITAL STATISTICS OF THE DISTRICT FOR 1963 AND PREVIOUS YEARS

Comparative table with England and Wales for past ten years.

<u>Year</u>	<u>Birth rate per 1000 population</u>		<u>Death rate per 1000 population</u>		<u>Infant Mortality rate per 1000 population</u>	
	<u>England &amp; Wales</u>	<u>N. Walsham U.D.C.</u>	<u>England &amp; Wales</u>	<u>N. Walsham U.D.C.</u>	<u>England &amp; Wales</u>	<u>N. Walsham U.D.C.</u>
1954	15.2	14.55	11.3	12.70	25.5	NIL
1955	15.0	12.53	11.7	10.44	24.9	16.7
1956	15.7	11.04	11.7	11.06	23.8	NIL
1957	16.1	14.61	11.5	10.44	23.0	14.3
1958	16.4	13.12	11.7	15.2	22.5	47.6
1959	16.5	16.1	11.6	15.9	22.0	39.0
1960	17.1	14.3	11.5	12.5	21.7	NIL
1961	17.4	13.6	12.0	16.2	21.6	NIL
1962	18.0	13.7	11.9	12.0	21.4	NIL
1963	18.2	12.9	12.2	13.3	20.9	46.0

## SECTION 'B'

### GENERAL PROVISION OF HEALTH SERVICES

North Walsham Urban District is included with Smallburgh Rural District and Blofield and Flegg Rural District to form No. 1 Area of Norfolk County Council for the purpose of carrying out the duties for which the County Health Authority has accepted responsibility under the National Health Service Act, 1946. These include the care of Mothers and Young Children, Midwifery Service, Health Visiting Service, Home Nursing Service, Vaccination and Immunisation, Prevention of Illness, Care and After-care, Domestic Health Service and Mental Health Service. Some of these services, along with the School Health Service in the area, are the responsibility of the Area Medical Officer, who also acts as Medical Officer of Health of the three County Districts comprising Area No. 1 referred to above.

### NATIONAL HEALTH SERVICE ACT, 1946

#### Local Health Services under Part III

##### Home Nursing, Midwifery, and Health Visiting

These are attended by two District Nurses and one Health Visitor.

Infant Welfare Centre - George Edwards Memorial Hall,  
North Walsham (second Thursday each month)

A centre is established at the North Walsham Secondary Modern School for:-

Dental Clinic	...	...	...	...	...	...	...	4 sessions weekly
Speech Clinic	...	...	...	...	...	...	...	1 session weekly

General Welfare Services are under the supervision of the Norfolk County Council's Local Welfare Officer, Mr. D. R. Ingham, whose office is established in the North Walsham Council Offices, is attended daily. The Welfare Officer deals with admissions of aged persons to County Homes and Hostels and admission to Mental Hospitals, M.D. Hospitals etc.

HOME HELP SERVICE. The Home Help Service is administered from the Area Local Health Office, Aspland Road, Norwich. Applications for assistance are addressed to the Welfare Officer at his North Walsham office. In addition to cases dealt with under this service, the Welfare Officer is able to arrange for other cases to be assisted by obtaining Domestic Assistance Allowance from the National Assistance Board.

AMBULANCE FACILITIES. The maintenance of an adequate ambulance service is the liability of the Norfolk County Council. This duty is discharged through the St. John Ambulance Brigade and the British Red Cross Society on substantially the same lines as those operating before the 5th July, 1948.

VACCINATION AND IMMUNISATION. These are carried out by the General Medical Practitioners and by Assistant County Medical Officers.

LABORATORY FACILITIES. Facilities for laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich.

NATIONAL ASSISTANCE ACT, 1948 (Section 47) (Removal to suitable Premises of persons in need of Care and Attention)  
No action was necessary during the year,



## SECTION 'C'

### SANITARY CIRCUMSTANCES IN THE DISTRICT.

#### WATER SUPPLY.

Source. All main water is pumped from underground workings in chalk deposits at the Southern end of the Town. It is passed through Gandy filters for the removal of iron and chlorination is carried out giving a residual of 0.2 parts per million. The water is then stored in two water towers before distribution by gravity. Isolated properties in the outlying parts of the area are supplied by wells.

The link watermain from Felmingham, referred to in last year's report, has been used to augment the supply as necessary. No restrictions on hosepipes, etc., were imposed during the year.

A 3" diameter watermain has been laid from Smallburgh Rural District, to serve approximately twelve properties in the Little London Area. Watermains have been laid for housing development at Royston Green, Farman Avenue, Bacton Road and Bradfield Road, and extensions are in progress in Aylsham Road and Oak Road.

Samples were taken from two private wells which proved unsatisfactory. A main supply of water was provided in one case and the other houses have been vacated.

The water supply of the area has been satisfactory in quality and in quantity except that poor pressure has been experienced in certain high parts of the town at times of maximum draw off. This is due to the small size of the distribution mains and the Council are considering a scheme for a ring water main to solve the problem.

28 bacteriological examinations were made of the raw and treated water going into supply, all of which were found to be satisfactory.

#### RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION.

Ammoniacal nitrogen:	0.05	Hardness as $\text{CaCO}_3$ :	
Albuminoid nitrogen:	0.03	Total:	290
Nitrate nitrogen:	Nil	Carbonate (temporary):	220
Nitrite nitrogen:	Nil	Non-carbonate (permanent):	70
Chlorine as chlorides:	52	Alkalinity as $\text{CaCO}_3$ :	220
Oxygen absorbed (4 hr. $27^\circ\text{C}.$ ):	0.5	Free carbon dioxide:	19
Fluorine:	0.35	Total solids (at $180^\circ\text{C}.$ ):	420
Reaction: Faintly alkaline. pH 7.5		Iron (total):	1.0
Taste: Satisfactory.		Metals in solution:	Nil.

The total hardness of the water is approximately 200 Clark of which 150 is temporary.

The water does not have plumbo solvent action.

Number of dwellings supplied (direct to houses):	1,790
Estimated number of population " " " :	4,750
Number of dwellings supplied by standpipe:	25
Estimated number of population supplied by standpipe:	70

Total quantity of water supplied (year)	66,943,000 gallons
Daily average of water supplied "	183,405 gallons
Quantity of water supplied to Norfolk Canneries Ltd.	10,328,000 gallons
Average daily consumption per head of population.	31 gallons.

#### SEWERAGE.

Negotiations for a new trade effluent agreement with the Norfolk Canneries Limited were completed. A Contract was let for the extension of the Sewage Disposal Works together with the duplication of the outfall sewer between Bacton Road and the works. The Contractors, M. Maclean Limited, of Cromer, commenced work on the 1st September, the Contract period being 18 months.

Trade waste continued to be accepted from the Norfolk Canneries Limited, and from the North Walsham Steam Laundry Company Limited. The Canneries continued to use their balancing tanks so that the effluent should be discharged over a 24 hour day, but difficulties were encountered from time to time resulting in the surcharging of the outfall syphon.

The sewer in Aylsham Road was extended for a short distance to provide drainage for new houses.



SEWAGE DISPOSAL WORKS. The works continued to function satisfactorily except that they were overloaded and in order to produce a reasonable effluent a system of recirculation through the filter beds was maintained during the year.

Difficulties were experienced in drying out the sludge properly and its removal from the drying beds. Approximately 2,000 cubic yards of sludge were carted away and spread on agricultural land.

NIGHT SOIL COLLECTION. A weekly collection was maintained, by Contract, serving the scattered properties at Spa Common and White Horse Common where it would be very difficult to provide a sewerage system.

PUBLIC CONVENIENCES. The sanitary accommodation was maintained in the Butchery and at the Memorial Park, both conveniences suffering from minor damage during the year.

POLLUTION OF RIVERS & STREAMS. The effluent from the Town sewage disposal works was continued to be reported as falling below the Royal Commission Standard and an overflow of sewage continued to be discharged due to surcharging of the foul sewer in Bacton Road during the periods of heavy discharge from the Norfolk Canneries Limited. This source of pollution will cease with the completion of the extensions to the Sewage Disposal Works and duplication of the outfall sewer.

PREVENTION OF DAMAGE BY PESTS ACT, 1949. One part-time trained Rodent Operator is employed by the Council for the destruction of rats and mice, and the methods used are those recommended by the Ministry of Agriculture. All of the Council's properties, sewers, refuse tips, and sewage works received disinfection. Number of premises treated for rats and mice infestation 40.

COLLECTION & DISPOSAL OF REFUSE. The weekly collection of domestic and trade refuse was maintained through the year. Controlled tipping was continued at the tips at Worstead and Skeyton where some complaints were received due to lack of covering material which is becoming an increasing problem. The tip at Skeyton will soon be exhausted and a survey is being made for new tipping sites.

CEMETERY, PARK ETC. The two Cemeteries and Chapel were maintained during the year together with the closed Churchyard where additional rose beds were laid out. The number of Internments in the Cemetery was 38. The Memorial Park and Garden were kept up to standard including the pavilion, playground, tennis courts, hockey and cricket pitches.



## SECTION 'D'

### HOUSING

HOUSING ACTS. Informal action for the repair of defects to houses on complaint was taken when necessary. One Closing Order under the Housing Act 1957, was made.

The estimated number of dwellings remaining on the list of proposals for dealing with unfit houses made under the Housing Repairs and Rents Act, 1954, is 132.

IMPROVEMENT GRANTS. The Council approved thirteen applications for Standard Improvement Grants and three applications for Discretionary Improvement Grants under the Housing Acts.

HOUSE LOANS. Surveys were made of 18 properties and the Council approved 12 applications for Housing Act Advances for loans for the purchase of houses and bungalows.

PRIVATE DWELLINGS. 25 private houses and bungalows were under erection at the end of the year and 36 dwellings were completed during the year.

DEVELOPMENT SITE. Development continued on the site at Grange Court provided by the Council, all 18 plots have now been sold and 16 dwellings have been completed.

A further site has been purchased off the Happisburgh Road, an estate layout has been approved for 39 plots together with roads, sewer, water main and all services. A Contract has been let for the first stage of the estate development and work has been started.

COUNCIL HOUSES. The Contract for the erection of 8 semi-detached houses together with a house and shop at Bradfield Road was held up by the severe winter but five houses are completed and occupied.

A scheme for the erection of a block for 12 flats together with a pair of semi-detached 2 bedroom houses at Hall Lane was approved, and the Contract submitted to the Minister of Housing and Local Government for approval.

A Contract for improvements including internal W.C's., bathrooms, and hot water systems is in progress on 44 pre 1939 bungalows.

The number of Council Houses re-let was 49.

## SECTION 'E'

### INSPECTION AND SUPERVISION OF FOOD

FOOD PREMISES. Routine inspections of food premises continued to be made and advice given where necessary relating to the conduct of food premises and the handling of food for sale in accordance with the provisions of the Hygiene Regulations made under the Food and Drugs Act, 1955. By means of posters and circulars the attention of food traders was drawn to the importance of preventing contamination of the food by flies, dirt, infected hands and other sources.

The number of food premises registered under Section 24 of the Food and Drugs Act, 1930, were as follows:-

Premises registered for sale of ice cream	-	16
Premises registered for the sale of meat,		
sugar etc.	-	10

The following unsound food was dealt with and destroyed:-

416 tins	-	Tomato puree	
3 tins	-	Corned Beef	weight 16 lbs.
14 tins	-	Chopped Pork	" 56 lbs.
4 tins	-	Ham	" 24 lbs.
6 tins	-	Prawns	" 12 lbs.
25 packets		Cheese	" 12 lbs.
		Meat	" 17 lbs.

ICE CREAM. 19 samples of ice cream and ice lollies were taken, all falling within Category Grade I.

MILK. 6 samples were taken, all of which proved satisfactory.

MEAT INSPECTION. The private slaughterhouse at Laundry Loke was conducted satisfactorily. A regular meat inspection service was maintained with a 100% inspection of all animals slaughtered. A total of 167 visits were made.



# Carcases and Offal Inspected and Condemed in

Whole or in part during 1963.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	166	-	-	160	373	-
Number inspected	166	-	-	160	373	-
<u>All diseases except tuberculosis and cystercerci</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	15	-	-	-	6	-
Percentage of the number inspected affected with diseases other than tuberculosis and cystercerci	9.0	-	-	-	1.6	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-



## SECTION 'F'

### Measles.

68 cases of measles were notified during the year compared with 2 last year. With modern methods of treatment this disease is not so serious as it used to be, but it is still a considerable nuisance and it seems unfortunate that a satisfactory vaccine has not yet become available in this country. As I saw on a recent visit to the United States, a vaccine is in use there, but the Ministry of Health has so far refused to authorise one in this country on the grounds that there are disadvantages including undesirable side effects.

### Scarlet Fever.

7 cases were notified compared with 19 last year. Whilst scarlet fever itself is seldom a dangerous disease in this country, the germ which causes it is the haemolytic streptococcus and cannot be ignored, as both rheumatic fever and kidney disease can result from an infection which may be associated with a rash as in scarlet fever, but may merely cause a severe sore throat.

### Whooping Cough

2 cases were notified compared with 19 last year. The complaint is now seldom a serious one and immunisation must be responsible for this improved situation. In our Infant Welfare Clinics we commence immunisation against whooping cough, diphtheria and tetanus at about three months, giving second and third injections at four and five months respectively.

## B.C.G. VACCINATION

This is offered to all 13-year old school children. 63% parents gave their consent, 30% refused consent and 7% did not return forms.

The findings during the year were as follows:-

Total number eligible	-	1365
number tested	-	852
number positive	-	96
Tuberculin Index	-	11.3
Number vaccinated	-	712.

## TUBERCULOSIS

The following are the Mortality Rates:-

Pulmonary Tuberculosis Mortality Rate - Nil per 1,000 population

Non Pulmonary Tuberculosis Mortality Rate - 0.2 per 1,000 population

### NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1963

<u>Ages</u>	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Under 5 years	-	-	-	-
5 - 14 years	-	-	-	-
15 - 24 years	-	-	-	-
25 - 44 years	-	-	-	-
45 - 64 years	-	-	-	-
65 and over	-	-	-	-
	-	-	-	-

### NUMBER OF CASES OF TUBERCULOSIS ON REGISTER AT 31st December, 1963

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>Total</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
31st Dec.1963	13	11	3	4	16	15
31st Dec.1962	14	10	3	4	17	14
31st Dec.1961	12	9	3	4	15	13
31st Dec.1960	11	2	9	4	20	6
31st Dec.1959	11	2	9	4	20	6



## DIPHTHERIA IMMUNISATION.

The following is the number of primary immunisations and booster doses given during the last five years in Area No. 1.

YEAR	Primary Injections				Booster Injections		
	Under 1	Age 1-4	Ages 5-14		Under 5	Ages 5-14	TOTALS
1963	170	22	434	194	37	474	1309
1962	610	82	67	90	47	354	1168
1961	580	77.6	113	309	49	1700	2751
1960	463	67	175	238	37	1046	1959
1959	358	50	64	15	20	53	510

## SMALLPOX VACCINATION.

Vaccination of children under 5 years of age during the last five years in Area No. 1

YEAR	1959	1960	1961	1962	1963
No. of live births registered.	713	692	748	744	763
No. of Vaccinations recorded (0-4 years)	375	445	475	620	210
Percentage Vaccinated.	53%	64%	63.5%	83%	27.5

## VACCINATION AGAINST POLIOMYELITIS.

The following is the number of primary immunisations and boosters given in Area 1 since the scheme commenced. Table 'A' shows the numbers immunised with Salk vaccine (by injection) and Table 'B' those given Sabin vaccine (oral) which became generally available in 1962.

Table 'A' Salk.

Year	Primary			Booster (3rd)		Booster (4th)	Total.
	0-15	15 +	Total	0-15	15 +	5-12 yrs.	
1963	3	3	6	12	17	1	30.
1962	201	134	335	456	1147	13	1616.
1961	1112	1570	2682	835	1130	3526	5491.
1960	786	1201	1987	1400	2102	-	3502.
1959	1759	2311	4070	5793	1231	-	7024.
1958	6665	225	6890	1707	-	-	1707.
1957	1166	-	1166	-	-	-	-
1956	167	-	167	-	-	-	-

Table 'B' Sabin

Year	Primary			Booster (3rd after 2 Salk)		Booster (4th)	
	0-15	15 +	Total	0-15	15 +	5-12 yrs.	Total
1963	703	166	869	110	52	553	715
1962	615	1249	1864	733	522	298	1553

FACTORIES ACTS, 1957 and 1948

PART 1 OF THE ACT

1. INSPECTIONS for the purposes of provisions as to health,  
(including inspections made by the Public Health  
Inspector)

PREMISES	M/C Line	No. on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(1)	(2)	(3)	(4)	(5)	(6)
(i) Factories in which Sec. 1, 2, 3, 4 & 6 are to be enforced by Local Authority	-	20	23	-	-
(ii) Factories not included in (i) in which Sec. 7 is enforced by Local Authority	-	36	30	-	-
(iii) Other premises in which Sec. 7 is enforced by Local Authority (excluding out workers premises)	-	-	-	-	-
Total	-	56	53	-	-



2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted.
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	2	2	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage to floors	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	1	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	3	3	-	1	-

OUTWORK

NIL.







